

## DEPARTMENT OF SOCIAL SERVICES



August 28, 1984

ALL-COUNTY LETTER NO. 84-94

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED NOTICE OF ACTION LANGUAGE FOR RCA SANCTIONS

REFERENCE:

This letter is to provide County Welfare Departments (CWDs) with the revised Notice of Action (NOA) language (attached) that must be used to inform Refugee Cash Assistance (RCA) applicants/recipients of the disposition of their grant when they fail/refuse to meet the employment/training requirements without good cause.

The RCA Program regulations effective June 20, 1984 require that RCA applicants/recipients who fail/refuse to meet the employment/training requirements without good cause shall be ineligible for RCA benefits for three payment months for the first occurrence or six payment months for the second and subsequent occurrences, from the date of discontinuance.

Please note that although the refugee loses eligibility for cash-based Medi-Cal as a result of an RCA sanction, eligibility may exist for non-cash based Medi-Cal. Counties must make a separate determination of Medi-Cal only for these refugees as required by Title 22, California Administrative Code (22CAC) 50183. If found eligible, counties must initiate an interprogram status change. Any change in Medi-Cal eligibility status must be reported to the Department of Health Services' Refugee Tracking System following current procedures.

The CWDs are reminded that under the NOA section entitled REASON, the circumstance(s) of the noncooperation/nonparticipation must be clearly specified. Notification that the reason(s) for the noncompliance(s) (as listed on the notice) was/were not found to be good cause under MPP Section 69-208.63 must also be specified.

Other language versions of this NOA language will be transmitted via an All-County Information Notice (ACIN) under advance mailing as soon as possible.

If you have any questions regarding this letter, please telephone your ORS CWD Operations Consultant at (916) 322-3141 or (415) 337-8588, as appropriate. For Medi-Cal questions, please call Marie Harder, Department of Health Services, at (916) 324-4956.



RICHARD C. BAIZ, Deputy Director  
Government and Community Relations



CAROLINE CABIAS  
Chief, Medi-Cal Eligibility Branch  
Department of Health Services

Attachment

cc: CWDA

NOTICE OF ACTION

Case Name:

Case Number:

Worker:

Phone:

Date:

Interpreter Needed: Language Dialect

ACTION

EFFECTIVE \_\_\_\_\_:

- ☐ Your application of \_\_\_\_\_ (Date of Application) for Refugee Cash Assistance (RCA) and cash-based Medi-Cal is denied.
- ☐ Your RCA grant and cash-based Medi-Cal are discontinued for three payment months.
- ☐ Your RCA grant and cash-based Medi-Cal are discontinued for six payment months.
- ☐ Your family RCA grant is decreased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ for three payment months. \_\_\_\_\_ (name) cash-based Medi-Cal is discontinued.
- ☐ Your family RCA grant is decreased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ for six payment months. \_\_\_\_\_ (name) cash-based Medi-Cal is discontinued.
- ☐ You will receive a separate notice regarding your eligibility for Medi-Cal only.

REASON

You/ \_\_\_\_\_ (name) failed/refused without good cause to meet the employment/training requirements as follows:

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- ☐ You may reapply for RCA at any time; however, the effective date of aid may be no earlier than the day after the completion of the sanction period, \_\_\_\_\_.

#### LAWS AND REGULATIONS REQUIRING THIS ACTION

Refugee Assistance Amendments of 1982 (Public Law 97-363)  
Office of Refugee Resettlement Action Transmittal 83-6  
MPP Section 69-208.7

The welfare regulations are available for review at the local office of the county welfare department.

State Hearing. If you believe this action is wrong, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.